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There are answers to the EMS/Trauma System Problem!
Cosponsor H.R. 5555 and be part of the solution

Dear Colleague,

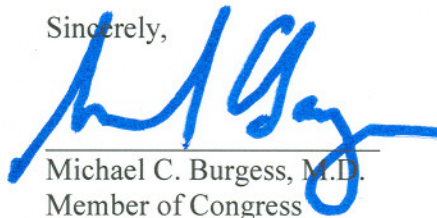
After investigating the poor state of our EMS/Trauma systems, the Institute of Medicine has made several recommendations, including creating coordinated regional EMS plans under a lead agency with the DHHS, and promoting EMS standards. To support these recommendations, I have introduced **H.R. 5555, the Trauma Care Systems Planning and Development Act of 2006**, to improve planning and coordination of emergency services.

The bulk of H.R. 5555 proposes that the Secretary of Health and Human Services, acting through the Administrator of the Health Resources & Services Administration, oversee a **matching grant program for state EMS/trauma care plans**. The DHHS would be called upon to record achievements and problems experienced by state, local, and private agencies in providing EMS and trauma care. Additionally, the DHHS would provide technical assistance to these agencies with the specific goal of enhancing the trauma care component of each state's EMS plan. Trauma care in rural areas would be improved by developing model curricula for training EMS personnel and increasing coordination with state trauma systems.

Grants are to be awarded to states that have submitted an EMS/trauma plan with the following goals: (1) to comply with nationally recognized standards; (2) to self-evaluate; (3) to meet the medical community's standard-of-care data collection requirements; and (4) to coordinate trauma systems with state disaster emergency planning. In the initial year, states will not be required to provide matching funds. In the second and third years of receiving a grant, states must match federal funds dollar for dollar. The fourth and fifth years require two state dollars for every federal dollar. Every year, however, the state must submit an EMS/trauma care plan that includes changes and improvements, and specifically addresses identified deficiencies. If the states are not evaluating their programs appropriately, the Secretary may withhold funding. These grants are to be funded, at their maximum in FY2007 & FY2008, by \$12 million per year. From 2009-2011, the program will be funded at \$8 million per fiscal year.

Please join us in solving this problem and **cosponsor H.R. 5555**. This bill offers huge potential benefits for a relatively small price tag. For more information, contact Kimberly Stump with Dr. Burgess' office at 5-7772 or kimberly.stump@mail.house.gov.

Sincerely,



Michael C. Burgess, M.D.
Member of Congress

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